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COVER LETTER

TO:	Registration S Division of Co			
SUBJE	Scapes	Photography, LLC		
CODAL		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		Kyle Rosenmeyer		
			Name of Person	
		Scapes Photography, LL	С	
			Firm/Company	
		942 Warehouse Road, #7	70411	
			Address	
		Orlando, FL 32803		
			City/State and Zip Code	
		kyle@scapesgallery.com		
For furt	her information o	concerning this matter, please c	to be used for future annual report noti all:	псанон
Kyle	e Rosenmeyer		at (208) 860-4526	
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for t	he following amount:		
⊠ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n

P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/23/2017}{\text{lorida document number}}$ This amendment is submitted to amend the following:	<u>(s.)</u>
lorida document number L17000219058	
lorida document number 1.17000219058	and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
HE SCAPES GALLERY, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	5 20
	19 S
nter new mailing address, if applicable:	9 SEP 16 P
	65: <u>P</u>
Agiling address MAY BE A POST OFFICE BOX)	1. The same
	77.
	_
. If amending the registered agent and/or registered office address on our records.	, enter the name of the
gistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address: Enter Florida street address	
City:	oridaZip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
		·	Change
			Add
			□ Remove
			☐ Change
			Change
			☐ Remove
			☐ Change
	<u>v</u>		
	,		□ Remove
	Y :		□ Change

		(Attach additional sheets, if necessary.)
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		, D
E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	ist be specific and cannot be prior to dolors. It is applicable applicable applicable in the applicable applic	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0207 (le statutory filing requirements, this date will not be listed as t
If the record specifies a delaye (b) The 90th day after the rec		an effective time, at 12:01 a.m. on the earlier of:
Dated September 13	2019	
j k		
	Signature of a member or authorize	red representative of a member
Kyle Rosenmeyer		

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Typed or printed name of signee

Filing Fee: \$25.00